

INFUSION SUITE		TREMFYA INFUSION ORDERS	
Durango Infusion Center 270 E 8th Ave Ste N101 Durango, CO 81301 Phone: 970-828-3500 Fax: 970-828-3501			
PATIENT INFORMATION - If Outside Referral, Include Patient Demographics and Insurance Cards			
Name:		DOB:	
MEDICAL INFORMATION			
ICD10 / Diagnosis:		Height:	
Allergies / Hypersensitivities:		Weight (kg):	
		*Weigh patient at each visit	
REQUIRED CLINICAL DOCUMENTATION			
☐ TB			
Additional labs:			
☐ Insert IV		☐ Access Port/PICC	
PREMEDICATIONS 30 minutes prior to starting			
☐ Acetaminophen:	☐ 325mg PO X1	☐ 500mg PO X1	☐ 650mg PO X1 ☐ 1000mg PO X1
☐ Diphenhydramine:	☐ 25mg IV X1	☐ 25mg PO X1	☐ 50mg IV X1 ☐ 50mg PO X1
☐ Methylprednisolone:	☐ 40mg IV X1	☐ 100mg IV X1	☐ 125mg IV X1
☐ Antihistamine	☐ Cetirizine 10mg PO X1		☐ Loratadine 10mg PO X1
☐ Additional PRN:			
ORDERS			
☐ Tremfya 200 mg IV in 250mL NS over at least one hour at Week 0, 4, and 8			
POST INFUSION			
☐ Flush IV line with 25mL NS at the same rate of infusion. D/C IV.			
☐ Flush IV line with 25 mL NS. Flush port with 10mL NS, Lock port with 5mL Heparin 10-100U/mL and deaccess			
☐ Discharge home			
Referring Provider Printed:			
Referring Provider Signature:		Date:	NPI:
Referring Provider Phone:		Referring Provider Fax:	
DNG Provider Printed:			
DNG Provider Signature:		Date:	

Infusion Directions:

- Withdraw and discard 20 mL of the NS from the 250 mL infusion bag which is equal to the volume of Tremfya to be added
- Withdraw 20 mL of Tremfya from the vial and add it to the 250 mL IV infusion bag for a final concentration of 0.8 mg/mL.
- Gently mix the diluted solution. Discard the vial with any remaining solution.
- Infuse over 60 minutes using an infusion set with a 0.2 or 0.22 micron in-line filter